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CONFIRMATION NO. 1139

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| <b>SERIAL NUMBER</b><br>10/678,836 | <b>FILING OR 371(c) DATE</b><br>10/03/2003<br><b>RULE</b> | <b>CLASS</b><br>514 | <b>GROUP ART UNIT</b><br>1625 | <b>ATTORNEY DOCKET NO.</b><br>PC10925B |
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CON of 09/865,950 05/25/2001 PAT 6,667,314 which claims benefit of 60/214,587 06/27/2000  
 and claims benefit of 60/219,202 07/19/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 UNITED KINGDOM 0014046.7 05/26/2000  
 UNITED KINGDOM 0015835.2 06/27/2000

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 12/29/2003**

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|--|---|----------------------------|--------------------------|--------------------------------|
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>UNITED KINGDOM | <b>SHEETS DRAWING</b><br>0 | <b>TOTAL CLAIMS</b><br>7 | <b>INDEPENDENT CLAIMS</b><br>2 |
| 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |   |                            |                          |                                |
| Verified and Acknowledged<br>Examiner's Signature <u>[Signature]</u> Initials <u>oh</u>  |   |                            |                          |                                |

**ADDRESS**  
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**TITLE**  
TROPANE DERIVATIVES USEFUL IN THERAPY

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| <b>FILING FEE RECEIVED</b><br>770 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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